DEPARTMENT OF HEALTH AND HUMAN SERVICES more Amended LSC PoC FORM APPROVED
CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445111	A. BUILDING 01 - MAIN BUILDING 01 B. WING	06/23/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEALTH CENTER AT STANDIFER PLACE, THE	2626 WALKER RD CHATTANOOGA, TN 37421

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 018 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 13/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Clearance between bottom of door and floor covering is not exceeding 1 inch. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Doors shall be provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.2.3.2.1. Roller latches are prohibited by CMS regulations in all health care facilities. 19.3.6.3 This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the corridor doors. The findings included: Observation on 6/22/16 at 2:00 PM, revealed two (2) mechanical room doors not capable of resisting the passage of smoke in the following locations: a. B wing b. Next to the C wing elevator. c. Dietary HVAC door. d. Dietary hot water closet. (NFPA 101, 19.3.6.4) These findings were verified by maintenance director and acknowledged by the administrator during the exit conference on 6/22/16.	K 018	<u>Tag: K018</u> 1) The facility will remove the louvers from doors in B wing elevator lobby and in the C wing elevator lobby area. The facility will install latches on the dietary HVAC and hot water closet doors 2) The facility will ensure that all doors will be capable of resisting the passage of smoke. 3) Maintenance staff will be in serviced to recognize any door that does not meet the requirements to resist the passage of smoke and report/repair immediately. 4) Maintenance staff will conduct visual inspections to ensure that corridor doors continue to have the ability to resist the passage of smoke.	7/1/2016 7/1/2016 8/7/16 8/7/16 Ongoing
K 029 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with o hour	K 029		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

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	445111	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	06/23/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEALTH CENTER AT STANDIFER PLACE, THE	2326 WALKER RD CHATTANOOGA, TN 37421

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 029	Continued From page 1 fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on observations and testing, the facility failed to maintain the hazardous areas. The findings included: Observation and testing on 6/22/16 at 8:58 AM, revealed doors not capable of self-closure in the following locations: a. C wing elevator lobby mechanical room. b. D hall mechanical room c. C wing nurses station mechanical room d. HVAC room (main dining room) e. HVAC B-36 f. North wing HVAC room g. South wing mechanical equipment room. (NFPA 101, 19.3.2.1) These findings were verified by maintenance director and acknowledged by the administrator during the exit conference on 6/22/16.	K 029	Tag: K029 1) The facility installed door closers on the following doors: C wing elevator lobby mechanical room, D hall mechanical room, C wing nurses station mechanical room, HVAC room (main dining room), HCAC B-36, North wing HVAC room, South wing mechanical equipment room. 2) Maintenance staff will inspect all other mechanical closets to make sure they have self-closing devices. Any found will be resolved. 3) Maintenance staff will be in serviced that all smoke resisting doors have closers installed and are operating properly. 4) Maintenance staff will conduct annual visual inspections to ensure that all smoke resisting doors have fully functioning closers installed.	7/1/2016 8/7/16 8/7/16 Ongoing
K 054 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3 This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the smoke detectors. The findings included:	K 054		

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	445111	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	06/23/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEALTH CENTER AT STANDIFER PLACE, THE	2828 WALKER RD CHATTANOOGA, TN 37421

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 054	Continued From page 2 1. Observation on 6/22/16 at 8:30 AM, revealed a loose smoke detector in the Staff Development room. 2. Observation on 6/22/16 at 8:43 AM, revealed smoke detectors within three (3) feet of air flow (supply/return) in the following locations: a. The ground level Activities room. b. The Respiratory Therapy. (NFPA 72, 2-3.5.1) These findings were verified by maintenance staff and acknowledged by the administrator during the exit conference on 6/22/16.	K 054	Tag: K054 1) The facility has repaired the loose smoke detector in the staff development room and relocated the ground level activities and the respiratory therapy room detectors to ensure they are further than 3' of air flow supply/returns. 2) Maintenance staff will inspect facility smoke detectors and secure any that are loose or relocate any within 3' of air flow supply/return. 3) Maintenance Director will ensure staff and contractors will be in serviced that no detector is to be located within 3' of a supply/return and all are to be securely fastened. 4) The Director of Maintenance will ensure that smoke detectors are installed and maintained properly by staff, as well as, by contractors.	07/1/16 8/7/16 8/7/16 Ongoing

Amended LSC PoC

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445911	A. BUILDING 02 - BUILDING 02 B. WING	06/23/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEALTH CENTER AT STANDIFER PLACE, THE	2626 WALKER RD CHATTANOOGA, TN 37421

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 047 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 18.2.10.1, 19.2.10.1 (Indicate N/A in one story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain emergency exit signs. The findings include: Observation and interview with maintenance, on 6/22/16 between 8:30 AM and 3:00 PM revealed exit signs not illuminated at the kitchen entering the dining room, 2 at the cross corridor doors at the east 2 entrance by the head nurse ' s office and corridor by resident room 203. (NFPA 101, 19.2.1)(NFPA 101, 7.10.1.2) These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on 6/22/16.	K 047	<u>Tag: K047</u> 1) The facility repaired/replaced the exit signs located at the kitchen entering the dining room, 2 at the cross corridor doors at the East 2 entrance by the head nurses office and corridor by resident room 203. — 07/22/16 2) The Director of Maintenance will ensure that all exit signs are functioning properly to ensure continuous illumination. — 8/7/16 3) Maintenance staff will be in serviced to identify, and report, non-working exit signage for repair/replacement in a timely manner. — 8/7/16 4) The Director of Maintenance will ensure that visual inspections are conducted to ensure proper functionality of all exit signage. — Ongoing	
K 054 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain smoke detectors. The findings include: Observation and interview with maintenance, on 6/22/16 at 10:22 AM revealed a smoke detector	K 054	<u>Tag: K054</u> 1) The facility has the relocated the smoke detector at the west 2 dining room to ensure it is further than 3' from of air flow supply/returns. — 07/18/16 2) Maintenance staff will inspect facility smoke detectors and secure/relocate any within 3' of air flow supply/returns. — 8/7/16 3) Maintenance staff and contractors will be in serviced that no detector is to be located within 3' of a supply/return. — 8/7/16 4) The Director of Maintenance will ensure that smoke detectors are installed and maintained properly by staff, as well as, by contractors. — Ongoing	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Dawn Bryan | Administrator | 7/22/16

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	445111	A. BUILDING 02 - BUILDING 02 B. WING _____	06/23/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEALTH CENTER AT STANDIFER PLACE, THE	2623 WALKER RD CHATTANOOGA, TN 37421

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K 054	Continued From page 1 within 36 " of air flow at the west 2nd floor dining room. (NFPA 101, 19.3.4.5.1) This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on 6/22/16.	K 054		
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain the automatic sprinkler system in reliable operating condition. The findings include: Observation and interview with maintenance, on 6/22/16 between 8:30 AM and 3:00 PM revealed the following; 1. Observation and interview with maintenance revealed escutcheon sprinkler plates missing in the shower room by resident room 109, corridor by resident room 117 and shower room by resident room 128. (NFPA 13, 6.2.7) 2. Observation and interview with maintenance revealed mixed sprinkler heads in corridor by the shop in the basement and in the corridor by the 1st floor mechanical room at the east wing entrance. (NFPA 13, 5-3.1.5.2)	K 062	Tag: K062 1) The facility has installed escutcheon sprinkler plates in the shower room by resident room 109, corridor by resident room 117, and shower room by resident room 128. The facility has replaced the quick response sprinkler heads in corridor by the shop in the basement and in the corridor by the 1st floor mechanical room at the east wing entrance. — 07/22/016 2) Maintenance Director will have inspection of building completed to locate any other sprinkler heads that need a escutcheon plate or any areas with improperly mixed sprinkler heads. Repairs will be made as necessary. — 8/7/16 3) Maintenance Director will in service all maintenance staff and contractors that escutcheon plates are installed appropriately and that no area contains mixed sprinkler heads. — 8/7/16 4) The facility will continue to maintain a contract with International Fire Protection to have the sprinkler system inspected and tested on a routine basis. — Ongoing	

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEALTH CENTER AT STANDIFER PLACE, THE	2626 WALKER RD CHATTANOOGA, TN 37421

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K 062	Continued From page 2 These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on 6/22/16.	K 062		
K 064 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers shall be installed, inspected, and maintained in all health care occupancies in accordance with 9.7.4.1, NFPA 10, 18.3.5.6, 19.3.5.6 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain fire extinguishers. The findings include: Observation and interview with maintenance, on 6/22/16 between 10:57 AM and 11:30 AM revealed fire extinguishers were past due for the 6 year maintenance by resident room 304 and the east 3 entrance cross corridors. The fire extinguisher by resident room 304 was over pressurized. Documentation on the fire extinguisher tags notated 6 year maintenance is past due. (NFPA 10, 4-4.3) These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on 6/22/16.	K 064	Tag: K064 1) The facility has replaced the fire extinguishers located by resident room 304 and the east 3 entrance corridors. — 07/14/16 2) The facility will also educate to ensure that International Fire Protection repairs/replaces all fire extinguishers as necessary to ensure safety of residents and compliance with all codes — 8/7/16 3) The facility will continue to maintain a contract with International Fire Protection to have the fire extinguishers inspected and tested on a routine basis. The facility will in service maintenance staff to check for proper testing and pressurization during the monthly fire extinguisher preventive maintenance inspections. — 8/7/16 4) The Director of Maintenance will ensure that all required fire extinguisher maintenance is performed in a timely manner by maintenance staff and contractors. — Ongoing
K 147 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment shall be in accordance with National Electrical Code. 9-1.2 (NFPA 99) 18.9.1, 19.9.1 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain electrical junction boxes.	K 147		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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K 147	Continued From page 3 The findings include: Observation and interview with maintenance, on 6/22/16 between 8:30 AM and 3:00 PM revealed covers missing off junction boxes in the mechanical rooms by resident rooms 116 (3), 120 (1), 320 (3) and 349 (2). (NFPA 70, 370-28(c)) These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on 6/22/16.	K 147	Tag: K147 1) The facility installed protective covers on the junctions boxes located in the mechanical rooms by resident rooms 116 (3), 120 (1), 320 (3) and 349 (2). 2) Maintenance staff will inspect building for additional junction boxes missing covers and repair them. 3) The Maintenance Director will in service all maintenance staff and contractors that protective covers are to be installed on all junction boxes 4) The Director of Maintenance will routinely monitor to ensure compliance.	07/15/16 8/7/16 8/7/16 Ongoing